

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 12490
10832

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS.		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS.		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES Hospital				d. STREET ADDRESS (If rural, give location) 2118 BRANCH STR.			
3. NAME OF DECEASED (Type or Print)		a. (First) JULIUS		b. (Middle) JOSEPH.		c. (Last) KRUEGER	
4. DATE OF DEATH		(Month) 12		(Day) 18		(Year) 50	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 4 TH 1909	
9. AGE (In years last birthday) 41.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMERLY CLERK		10b. KIND OF BUSINESS OR INDUSTRY GENERAL		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JULIUS KRUEGER		13b. MOTHER'S MAIDEN NAME ROSE NUENING		14. NAME OF HUSBAND OR WIFE DOROTHY KRUEGER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 486-28-1451		17. INFORMANT'S SIGNATURE AND NAME ADDRESS DOROTHY KRUEGER 2118 Branch St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized anapnea ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchiectasis DUE TO (c) Obstructive emphysema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 48 hr 6 yr 6 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE).			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 527.2			
22. I hereby certify that I attended the deceased from 12-16, 1950, to 12-18, 1950, that I last saw the deceased alive on 12-18, 1950, and that death occurred at 10:00a m., from the causes and on the date stated above.							
23a. SIGNATURE FR Bradley		(Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 12-18-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 21-50		24c. NAME OF CEMETERY OR CREMATORY S.S. PETER - PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. DEC 19 1950		REGISTRAR'S SIGNATURE J B Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Brookland Und. Co		ADDRESS 1827 Hogan St.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John J. Haines

Signed _____

Student Embalmer

Licensed Embalmer No. *4108*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.